

1 Gerald Gaffaney, Esq. (#003789)  
Marki A. Stewart, Esq. (#025226)  
2 **MARISCAL, WEEKS, McINTYRE**  
3 **& FRIEDLANDER, P.A.**  
2901 North Central Avenue, Suite 200  
Phoenix, Arizona 85012-2705  
4 Phone: (602) 285-5000  
Fax: (602) 285-5100

5 Attorneys for the Arizona Medical Board

6  
7 **BEFORE THE ARIZONA MEDICAL BOARD**  
8

9 In the Matter of:

No. MD-02-0093A

10 STEPHEN E. LINDSTROM, M.D.

11 **CONSENT AGREEMENT FOR LETTER**  
**OF REPRIMAND**

12 Holder of License No. 7585  
For the Practice of Allopathic Medicine  
13 In the State of Arizona

14 **RECITALS**

15 In the interest of a prompt and judicious settlement of the above-captioned matter  
16 before the Arizona Medical Board ("Board") and consistent with the public interest,  
17 statutory requirements, and responsibilities of the Board and under A.R.S. §§ 41-  
18 1092.07(F)(5) and 32-1451(F), Stephen E. Lindstrom, M.D. ("Respondent"), holder of  
19 License No. 7585 for the practice of allopathic medicine in the State of Arizona, and the  
20 Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order  
21 ("Consent Agreement") as the final disposition of this matter.

22 1. Respondent has read and understands this Consent Agreement as set forth  
23 herein, and has had the opportunity to discuss this Consent Agreement with an attorney  
24 or has waived the opportunity to discuss this Consent Agreement with an attorney.  
25 Respondent voluntarily enters into this Consent Agreement for the purpose of avoiding  
26 the expense and uncertainty of an administrative hearing.

1           2.     Respondent understands that he has a right to a public administrative  
2 hearing concerning each and every allegation set forth herein, at which administrative  
3 hearing he could present evidence and cross-examine witnesses. By entering into this  
4 Consent Agreement, Respondent freely and voluntarily relinquishes all right to such an  
5 administrative hearing, as well as all rights of rehearing, review, reconsideration, appeal,  
6 judicial review or any other administrative and/or judicial action, concerning the matters  
7 set forth herein. Respondent affirmatively agrees that this Consent Agreement shall be  
8 irrevocable.

9           3.     Respondent agrees that the Board may adopt this Consent Agreement or  
10 any part of this Consent Agreement under A.R.S. § 32-1451(F). Respondent understands  
11 that this Consent Agreement or any part of the Consent Agreement may be considered in  
12 any future disciplinary action against him.

13           4.     Respondent understands that this Consent Agreement does not constitute a  
14 dismissal or resolution of other matters currently pending before the Board, if any, and  
15 does not constitute any waiver, express or implied, of the Board's statutory authority or  
16 jurisdiction regarding any other pending or future investigation, action or proceeding.  
17 Respondent also understands that acceptance of this Consent Agreement does not  
18 preclude any other agency, subdivision, or officer of this state from instituting other civil  
19 or criminal proceedings with respect to the conduct that is the subject of this Consent  
20 Agreement.

21           5.     All admissions made by Respondent in this Consent Agreement are made  
22 solely for the final disposition of this matter, and any related administrative proceedings  
23 or civil litigation involving the Board and Respondent. This Consent Agreement is not to  
24 be used for any other regulatory agency proceedings, or civil or criminal proceedings,  
25 whether in the State of Arizona or any other state or federal court, except related to the  
26 enforcement of the Consent Agreement itself.

          6.     Respondent acknowledges and agrees that, upon signing this Consent  
Agreement and returning this document to the Board's Executive Director, Respondent

1 may not revoke his acceptance of the Consent Agreement or make any modifications to  
2 the document, regardless of whether the Consent Agreement has been issued by the  
3 Deputy Executive Director. Any modifications to this original document are ineffective  
4 and void unless mutually approved by the parties in writing.

5 7. Respondent understands that the foregoing Consent Agreement shall not  
6 become effective unless and until adopted by the Board and signed by its Deputy  
7 Executive Director.

8 8. Respondent understands and agrees that if the Board does not adopt this  
9 Consent Agreement, he will not assert as a defense that the Board's consideration of this  
10 Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

11 9. Respondent understands that this Consent Agreement is a public record that  
12 may be publicly disseminated as a formal action of the Board, and shall be reported as  
13 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
14 Protection Data Bank.

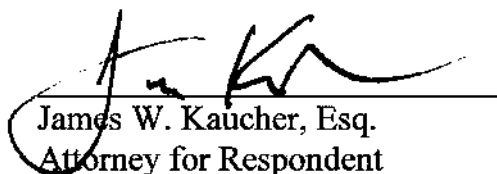
15 10. Respondent understands that any violation of this Consent Agreement  
16 constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r) ("Violating a  
17 formal order, probation, consent agreement or stipulation issued or entered into by the  
18 board or its executive director under the provisions of this chapter."), and may result in  
19 disciplinary action pursuant to A.R.S. § 32-1451.

20 ACCEPTED BY:

21 DATED: 8/7/2008

22 

23 Stephen E. Lindstrom, M.D.

24   
25 James W. Kaucher, Esq.  
26 Attorney for Respondent

1 **FACTUAL ALLEGATIONS**

2 **MD-02-0093A**

3  
4 1. On February 19, 2002, the Board initiated investigation MD-02-0093  
5 concerning Respondent's care of Patient Y.V., after the Board received notice that  
6 Respondent had entered into a settlement of a medical malpractice lawsuit filed by  
7 Patient Y.V.

8 2. Respondent is a trained pediatrician, but also performed obstetrics as a part  
9 of his general practice in a rural area.

10 3. On approximately November 11, 1997, Respondent began treating Patient  
11 Y.V., a 24 year-old female, for her pregnancy. Patient Y.V. reported that she suffered  
12 from migraine headaches, a thyroid disorder, and a family history of diabetes.  
13 Respondent confirmed that Y.V. was nine weeks pregnant, and ordered laboratory work.

14 4. On December 15, 1997, the patient underwent a sonogram that showed  
15 normal fetal activity and heart rate. Respondent estimated her delivery date at June 15,  
16 1998.

17 5. On March 12, 1998, the patient underwent a glucose fasting test, which  
18 showed an elevated value of 117 (normal range 65-110). The patient also received a two-  
19 hour postprandial test, which resulted in an elevated value of 168 (normal range 65-140).

20 6. At this time, Respondent should have anticipated that Patient Y.V. was  
21 likely an undiagnosed overt diabetic, rather than showing symptoms of gestational  
22 diabetes. Respondent should have ordered more definitive blood sugar testing four times  
23 a day, but instead advised her to test twice per week and counseled her about dietary  
24 control. Respondent also should have determined that Patient Y.V.'s pregnancy was high  
25 risk, and referred the patient to a specialist. Respondent failed to do so.

26 7. Periodic sonogram studies indicated that the fetus was larger than the  
normal gestational growth would anticipate. On April 14, 1998, at 31.5 weeks gestation,

1 the fundal height measured 34 weeks. One week later, the fundal height measured 36  
2 weeks. Respondent noted in his records on April 14, 1998, "Watch for macrosomia and  
3 check sugars." Macrosomia refers to a large body of the fetus.

4 8. Respondent sent Patient Y.V. for a Level II sonogram at Tucson Perinatal  
5 Services on May 7, 1998. John Hesser, M.D. evaluated the patient and noted that the  
6 fetus had an extremely large abdominal circumference of 381 mm., consistent with an  
7 infant of a diabetic. This significantly increases the risk for both pre-term birth and  
8 shoulder dystocia. Dystocia is the impaction of the anterior shoulder against the  
9 symphysis pubis, preventing delivery of the baby. Dr. Hesser called Respondent with his  
10 recommendation for a possible C-section at term, immediate glucometer and possible  
11 need for insulin, and bi-weekly non-stress testing for placental insufficiency. Respondent  
12 provided the patient with a glucometer and instructed her on its use the following day.

13 9. On May 11, 1998, Patient Y.V. went into premature spontaneous labor and  
14 entered the Copper Queen Community Hospital in Bisbee, where she was placed on a  
15 fetal monitor.

16 10. Although the fetal monitor strips indicated that the baby was not tolerating  
17 the labor, Respondent inappropriately continued trial of labor. At or around 5:00 a.m.,  
18 Respondent called Dr. Richard Dickson of Tucson Perinatal Services, who advised  
19 Respondent to give the patient a trial of labor. However, Dr. Dickson later testified that  
20 he was never told of the abnormal size and asymmetry of the fetus.

21 11. At or around 10:00 a.m., Patient Y.V.'s labor stalled and Respondent called  
22 Dr. James Griggs, an OB-GYN in Sierra Vista, who had an agreement to perform C-  
23 sections for Respondent's patients. After discussing the case, Dr. Griggs recommended  
24 Pitocin augmentation to force labor, and advised Respondent to watch for further signs of  
25 fetal distress. Respondent administered Pitocin to force the labor, which was  
26 contraindicated. When the labor stalled again, Respondent attempted an operative  
vaginal delivery using the vacuum device, which was also contraindicated, and shoulder

1 dystocia resulted. Respondent then applied fundal pressure, which is contraindicated  
2 because it can worsen the situation.

3 12. The fundal pressure delivered the child, but the child was stillborn.

4 13. The standard of care requires a physician in general practice to recognize  
5 that a diabetic mother is high risk pregnancy and make the appropriate referral to  
6 specialized care. Respondent deviated from the standard of care by failing to make this  
7 referral. When macrosomia had been identified, Respondent deviated from the standard  
8 of care by failing to make arrangements for a C-section at the onset of labor or when fetal  
9 lung maturity has been established, whichever comes first. A C-section must terminate  
any trial of labor that shows fetal intolerance of labor.

10 14. The standard of care requires a physician to recognize indications of fetal  
11 intolerance of labor and abandon the trial of labor immediately. Respondent deviated  
12 from the standard of care because he continued trial of labor after fetal monitoring strips  
13 demonstrated the baby was not tolerating labor.

#### 14 MITIGATION

15 15. Respondent no longer practices obstetrics and established a clinic for  
16 perinatal specialists to come to Bisbee to see patients. During the management of Patient  
17 Y.V.'s pregnancy and delivery, Respondent contacted appropriate specialists.

#### 18 ALLEGATIONS OF UNPROFESSIONAL CONDUCT

19 16. The Board possesses jurisdiction over the subject matter hereof and over  
20 Stephen E. Lindstrom, M.D., holder of License No. 7585, for the practice of allopathic  
medicine in the State of Arizona.

21 17. The conduct and circumstances described above in paragraphs 1 through 13  
22 constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or  
23 practice which is or might be harmful or dangerous to the health of the patient or the  
24 public.").

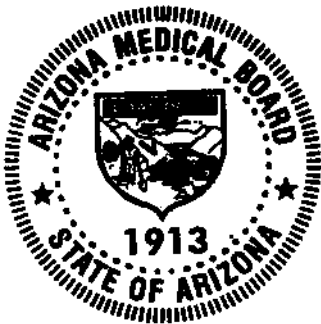
**CONSENT ORDER**

**IT IS THEREFORE ORDERED** that:

1. Respondent, Stephen E. Lindstrom, M.D., holder of License No. 7585, is hereby issued a Letter of Reprimand for failing to appropriately manage a high risk pregnancy by failing to timely refer a diabetic patient to specialized care in the presence of macrosomia and fetal intolerance of labor, and for continuing trial of labor after indications arose of fetal intolerance of labor.

DATED AND EFFECTIVE THIS 8th day of August, 2008.

ARIZONA MEDICAL BOARD



By: Lisa S. Wynn

Lisa S. Wynn  
Executive Director

ORIGINAL OF THE FOREGOING FILED  
this 8th day of August, 2008, with:

Arizona Medical Board  
9545 E. Doubletree Ranch Road  
Scottsdale, Arizona 85258

COPIES OF THE FOREGOING MAILED  
this 8th day of August, 2008, to:

Stephen E. Lindstrom, M.D.  
(Address of Record on file with the Board)  
Respondent

James W. Kaucher  
Shughart Thompson Kilroy Goodwin Raup  
1 South Church Avenue  
Suite 2130  
Tucson, Arizona 85701  
Attorney for Dr. Lindstrom

1 Gerald Gaffaney  
2 Marki A. Stewart  
3 Mariscal, Weeks, McIntyre & Friedlander  
4 2901 North Central Avenue, Suite 200  
5 Phoenix, Arizona 85012-2705  
6 Attorneys for the Arizona Medical Board  
7 Board Coordinator  
8 Arizona Medical Board  
9 9545 E. Doubletree Ranch Road  
10 Scottsdale, Arizona 85258

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